

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

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 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Workers' Voice			FEC IDENTIFICATION NUMBER ▼ C C00484287		
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION			Date of Public Distribution/Dissemination 09 / 21 / 2014		
Mailing Address 100 Indiana Avenue, N.W.			Amount 450.07		
City Washington State DC Zip Code 20001		Transaction ID : D540416 Date of Disbursement or Obligation 09 / 21 / 2014			
Purpose of Expenditure InKind Staff		Category/ Type 001			
Name of Federal Candidate MARK E UDALL			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 State: CO <input type="checkbox"/> President		
Calendar Year-To-Date Per Election for Office Sought 10869.66			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee United Steelworkers of America Political Action Fund			Date of Public Distribution/Dissemination 09 / 21 / 2014		
Mailing Address Political Action Fund Voluntary Ac 5 Gateway Center			Amount 596.92		
City Pittsburgh State PA Zip Code 15222		Transaction ID : D540417 Date of Disbursement or Obligation 09 / 21 / 2014			
Purpose of Expenditure InKind Staff		Category/ Type 001			
Name of Federal Candidate MITCH MCCONNELL			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 State: KY <input type="checkbox"/> President		
Calendar Year-To-Date Per Election for Office Sought 24152.56			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			1046.99		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Elizabeth H Shuler</u> <div style="text-align: right;">[Electronically Filed]</div>			Date 09 / 23 / 2014		

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NAME OF COMMITTEE (In Full) Workers' Voice		FEC IDENTIFICATION NUMBER ▼ C C00484287	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee United Steelworkers of America Political Action Fund		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 21 / 2014	
Mailing Address Political Action Fund Voluntary Ac 5 Gateway Center		Amount 347.88	
City Pittsburgh	State PA	Zip Code 15222	Transaction ID : D540423
Purpose of Expenditure Inkind Staff Travel	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 21 / 2014	
Name of Federal Candidate MITCH MCCONNELL		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: KY	
Calendar Year-To-Date Per Election for Office Sought 24152.56		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee United Steelworkers of America Political Action Fund		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 21 / 2014	
Mailing Address Political Action Fund Voluntary Ac 5 Gateway Center		Amount 596.92	
City Pittsburgh	State PA	Zip Code 15222	Transaction ID : D540428
Purpose of Expenditure InKind Staff	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 21 / 2014	
Name of Federal Candidate ALISON LUNDERGAN GRIMES		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: KY	
Calendar Year-To-Date Per Election for Office Sought 24152.56		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	944.80
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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Ms. Elizabeth H Shuler

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NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee United Steelworkers of America Political Action Fund		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 21 / 2014</div> </div>	
Mailing Address Political Action Fund Voluntary Ac 5 Gateway Center		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">193.82</div>	
City Pittsburgh	State PA	Zip Code 15222	Transaction ID : D540429 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 21 / 2014</div> </div>
Purpose of Expenditure Inkind Staff Travel	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>		
Name of Federal Candidate Gary Peters		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> State: MI
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">17688.49</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee United Steelworkers of America Political Action Fund		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 21 / 2014</div> </div>	
Mailing Address Political Action Fund Voluntary Ac 5 Gateway Center		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">49.50</div>	
City Pittsburgh	State PA	Zip Code 15222	Transaction ID : D540432 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 21 / 2014</div> </div>
Purpose of Expenditure Inkind Staff Travel	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>		
Name of Federal Candidate TERRI LYNN LAND		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> State: MI
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">11768.86</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">243.32</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

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NAME OF COMMITTEE (In Full) Workers' Voice		FEC IDENTIFICATION NUMBER ▼ C C00484287	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee United Steelworkers of America Political Action Fund		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 21 / 2014	
Mailing Address Political Action Fund Voluntary Ac 5 Gateway Center		Amount 347.88	
City Pittsburgh	State PA	Zip Code 15222	Transaction ID : D540434
Purpose of Expenditure Inkind Staff Travel	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 21 / 2014	
Name of Federal Candidate ALISON LUNDERGAN GRIMES		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: KY	
Calendar Year-To-Date Per Election for Office Sought 24152.56		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Voices of the American Federation of Government Employees		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 21 / 2014	
Mailing Address 80 F Street, NW		Amount 65.40	
City Washington	State DC	Zip Code 20001	Transaction ID : D540437
Purpose of Expenditure Inkind Staff Travel	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 21 / 2014	
Name of Federal Candidate MITCH MCCONNELL		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: KY	
Calendar Year-To-Date Per Election for Office Sought 24152.56		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	413.28
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Voices of the American Federation of Government Employees		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 21 / 2014</div> </div>	
Mailing Address 80 F Street, NW		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">96.23</div>	
City Washington	State DC	Zip Code 20001	Transaction ID : D540438 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 21 / 2014</div> </div>
Purpose of Expenditure Inkind Staff Travel	Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>		
Name of Federal Candidate MARK E UDALL		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: CO <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Voices of the American Federation of Government Employees		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 21 / 2014</div> </div>	
Mailing Address 80 F Street, NW		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1.67</div>	
City Washington	State DC	Zip Code 20001	Transaction ID : D540445 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 21 / 2014</div> </div>
Purpose of Expenditure Inkind Staff Travel	Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>		
Name of Federal Candidate CORY GARDNER		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: CO <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">97.90</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

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NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Voices of the American Federation of Government Employees		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 21 / 2014</div> </div>	
Mailing Address 80 F Street, NW		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">65.40</div>	
City Washington	State DC	Zip Code 20001	Transaction ID : D540447 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 21 / 2014</div> </div>
Purpose of Expenditure Inkind Staff Travel	Category/ Type 002	Name of Federal Candidate ALISON LUNDERGAN GRIMES	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">24152.56</div>		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: KY	

Full Name of Payee Voices of the American Federation of Government Employees		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 21 / 2014</div> </div>	
Mailing Address 80 F Street, NW		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">154.39</div>	
City Washington	State DC	Zip Code 20001	Transaction ID : D540448 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 21 / 2014</div> </div>
Purpose of Expenditure InKind Staff	Category/ Type 001	Name of Federal Candidate MARK E UDALL	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">10869.66</div>		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: CO	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">219.79</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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NAME OF COMMITTEE (In Full) Workers' Voice		FEC IDENTIFICATION NUMBER ▼ C C00484287	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee AFL-CIO		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 21 / 2014	
Mailing Address 815 - 16th Street, NW		Amount 2.68	
City Washington	State DC	Zip Code 20006	Transaction ID : D540453
Purpose of Expenditure Walk Packets	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 09 / 21 / 2014	
Name of Federal Candidate Gary Peters		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI	
Calendar Year-To-Date Per Election for Office Sought 17688.49		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee AFL-CIO		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 21 / 2014	
Mailing Address 815 - 16th Street, NW		Amount 2.68	
City Washington	State DC	Zip Code 20006	Transaction ID : D540455
Purpose of Expenditure Walk Packets	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 09 / 21 / 2014	
Name of Federal Candidate TERRI LYNN LAND		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI	
Calendar Year-To-Date Per Election for Office Sought 11768.86		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	5.36
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee AFL-CIO		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 21 / 2014	
Mailing Address 815 - 16th Street, NW		Amount 3.58	
City Washington	State DC	Zip Code 20006	Transaction ID : D540456
Purpose of Expenditure Walk Packets		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 09 / 21 / 2014
Name of Federal Candidate ALISON LUNDERGAN GRIMES		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: KY
Calendar Year-To-Date Per Election for Office Sought 24152.56		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee AFL-CIO		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 21 / 2014	
Mailing Address 815 - 16th Street, NW		Amount 3.58	
City Washington	State DC	Zip Code 20006	Transaction ID : D540461
Purpose of Expenditure Walk Packets		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 09 / 21 / 2014
Name of Federal Candidate MITCH MCCONNELL		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: KY
Calendar Year-To-Date Per Election for Office Sought 24152.56		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	7.16
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Full Name of Payee AFL-CIO		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 21 / 2014	
Mailing Address 815 - 16th Street, NW		Amount 5.83	
City Washington	State DC	Zip Code 20006	Transaction ID : D540464
Purpose of Expenditure Walk Packets	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 09 / 21 / 2014	
Name of Federal Candidate MARK E UDALL		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: CO	
Calendar Year-To-Date Per Election for Office Sought 10869.66		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee AFT Solidarity 527		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 21 / 2014	
Mailing Address 555 New Jersey Ave. N.W.		Amount 23.33	
City Washington	State DC	Zip Code 20001	Transaction ID : D540466
Purpose of Expenditure InKind Staff	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 21 / 2014	
Name of Federal Candidate MARK E UDALL		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: CO	
Calendar Year-To-Date Per Election for Office Sought 10869.66		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	29.16
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee AFT Michigan General Fund		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 21 / 2014</div> </div>	
Mailing Address 2342 Industrial St.		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">35.98</div>	
City Grayling	State MI	Zip Code 49738	Transaction ID : D540468 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 21 / 2014</div> </div>
Purpose of Expenditure InKind Staff		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	
Name of Federal Candidate TERRI LYNN LAND		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">11768.86</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee AFT Michigan General Fund		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 21 / 2014</div> </div>	
Mailing Address 2342 Industrial St.		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">35.98</div>	
City Grayling	State MI	Zip Code 49738	Transaction ID : D540470 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 21 / 2014</div> </div>
Purpose of Expenditure InKind Staff		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	
Name of Federal Candidate Gary Peters		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: MI <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">17688.49</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">71.96</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Elizabeth H Shuler
[Electronically Filed]

Date

MM / DD / YYYY
09 / 23 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

PAGE 11	OF 13
FOR SE OF FORM 24/48	

NAME OF COMMITTEE (In Full) Workers' Voice		FEC IDENTIFICATION NUMBER ▼ C C00484287	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Colorado AFL-CIO L2K		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 21 / 2014	
Mailing Address 140 Sheridan Blvd		Amount 223.74	
City Denver	State CO	Zip Code 80226	Transaction ID : D540474
Purpose of Expenditure InKind Staff	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 21 / 2014	
Name of Federal Candidate MARK E UDALL		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 10869.66		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: CO Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee AFSCME for Michigan		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 21 / 2014	
Mailing Address 1625 L Street, NW		Amount 262.11	
City Washington	State DC	Zip Code 20036	Transaction ID : D540475
Purpose of Expenditure Inkind Staff Travel	Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 21 / 2014	
Name of Federal Candidate Gary Peters		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 17688.49		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	485.85
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Ms. Elizabeth H Shuler

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Date

MM / DD / YYYY
09 / 23 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

PAGE	12	OF	13
FOR SE OF FORM 24/48			

NAME OF COMMITTEE (In Full) Workers' Voice		FEC IDENTIFICATION NUMBER ▼ C C00484287																									
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <table border="1"> <tr> <td>M</td><td>M</td><td>M</td> <td>D</td><td>D</td><td>D</td> <td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td></td><td></td><td></td> <td></td><td></td><td></td> <td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>		M	M	M	D	D	D	Y	Y	Y	Y	Y	Y												
M	M	M	D	D	D	Y	Y	Y	Y	Y	Y																

Full Name of Payee AFSCME for Michigan		Date of Public Distribution/Dissemination <table border="1"><tr><td>M</td><td>M</td><td>M</td><td>D</td><td>D</td><td>D</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> 09 / 21 / 2014		M	M	M	D	D	D	Y	Y	Y	Y	Y	Y												
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Purpose of Expenditure InKind Staff		Category/ Type 001	Date of Disbursement or Obligation <table border="1"><tr><td>M</td><td>M</td><td>M</td><td>D</td><td>D</td><td>D</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> 09 / 21 / 2014	M	M	M	D	D	D	Y	Y	Y	Y	Y	Y												
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Name of Federal Candidate TERRI LYNN LAND		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI																								
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Full Name of Payee AFSCME for Michigan		Date of Public Distribution/Dissemination <table border="1"><tr><td>M</td><td>M</td><td>M</td><td>D</td><td>D</td><td>D</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> 09 / 21 / 2014		M	M	M	D	D	D	Y	Y	Y	Y	Y	Y												
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Mailing Address 1625 L Street, NW		Amount <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> 179.66																									
City Washington	State DC	Zip Code 20036	Transaction ID : D540478																								
Purpose of Expenditure Inkind Staff Travel		Category/ Type 002	Date of Disbursement or Obligation <table border="1"><tr><td>M</td><td>M</td><td>M</td><td>D</td><td>D</td><td>D</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> 09 / 21 / 2014	M	M	M	D	D	D	Y	Y	Y	Y	Y	Y												
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Name of Federal Candidate TERRI LYNN LAND		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI																								
Calendar Year-To-Date Per Election for Office Sought		<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> 11768.86																									Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> 207.78																								
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																								
(c) TOTAL Independent Expenditures.....▶	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																								

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Elizabeth H Shuler

[Electronically Filed]

Date

M	M	M	D	D	D	Y	Y	Y	Y	Y	Y

09 / 23 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 13 OF 13
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Workers' Voice		FEC IDENTIFICATION NUMBER ▼ C C00484287	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee AFSCME for Michigan		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 21 / 2014	
Mailing Address 1625 L Street, NW		Amount 28.12	
City Washington	State DC	Zip Code 20036	Transaction ID : D540480
Purpose of Expenditure InKind Staff	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 21 / 2014	
Name of Federal Candidate Gary Peters		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI	
Calendar Year-To-Date Per Election for Office Sought 17688.49		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure	Category/Type		
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	28.12
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	3801.47

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